

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/580,172
	Filing Date	May 22, 2006
	First Named Inventor	Vikas Madhusudan Nadkarni
	Art Unit	1711
	Examiner Name	T. M. Boykin
	Attorney Docket Number	21155/0207158-USO

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Vikas Nadkarni

Name

Vikas Madhusudan Nadkarni

Date

22 / 01 / 08

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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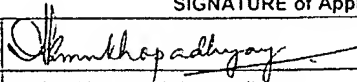
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SIGNATURE of Applicant or Assignee of Record

Signature



Name

Anjan Kumar Mukhopadhyay

Date

22 / 01 / 08

Telephone

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Ashwin Kumar Jain

Date

22 / 01 / 08

Telephone

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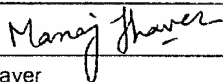
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SIGNATURE of Applicant or Assignee of Record

Signature



Name

Manoj Jhaver

Date

22/01/08

Telephone

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